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ABSTRACT

Research indicates that about 40% of the population fear public speaking. There is a wide variety of possible causes for this unwillingness to communicate: a lack of skills, social introversion, alienation, lack of fluency in English, and communication apprehension. Despite the fact that evidence indicates everyone may have some difficulty with communication in some circumstances, few colleges and universities appear to be doing much to help alleviate the problem. A lack of awareness of a need, a lack of staff time, and a shortage of funds have all been cited as reasons for inaction. At the University of Iowa, several graduate students have persuaded the rhetoric program to re-establish a speaking laboratory that parallels existing reading and writing labs and that is based on three approaches to the fear of communication: systematic desensitization, cognitive modification, and skills training. These methods can be used independently or in combinations. The laboratory's efforts have centered on trying to help students more accurately define their speaking situation, set goals, find methods that will allow them to reach their goals, and rehearse in order to be able to perform. The program has been successful at least in part because students are free to decide whether to seek help. Active ties with other student programs on campus have brought referrals of students who seek more difficult speaking experiences in connection with public speaking courses or extra curriculuar forensics programs. This has prevented the program from being seen solely as remedial by potential users. (RBW)

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GETTING OUR ACT TOGETHER: A JUSTIFICATION FOR A SPEAKING LAB

by

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April 13, 1984

A paper presented at the Central States Speech Association convention at Chicago, Illinois, April 13, 1984.

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ABSTRACT

This paper serves as a record of the major needs and advantages which led to the establishment of a pilot Speaking Lab at The University of Iowa. It reviews recent research concerning the need for specialized instruction for those whose communication is typified by "avoidance, anxiety and often ineptitude." The varying conceptions of the problem(s) are considered, their significance is outlined, three major approaches of action are examined, and finally our approach is clarified and discussed.

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GETTING OUR ACT TOGETHER: A JUSTIFICATION FOR A SPEAKING LAB

The news that some individuals do not communicate readily or well is not surprising. After a long tradition of research and several recent reviews of the literature, the bulk of the academic research supports the more popular findings of the Bruskin study that about forty percent of the population report a fear of public speaking (see Work, 1982). Nor is it any surprise that a number of methods are available to deal with their reticence, as speech instructors have sought to provide some relief for students. So what is the benefit of yet another review of the subject?

Initially this paper was motivated by the pragmatic desire of a few graduate students at The University of Iowa to urge the re-establishment of a Speaking Lab in the University's Rhetoric Program. [1] Wishing to provide the option of intensive instruction in speech to parallel the existing Writing and Reading Labs, we began to investigate the extent of the need among those enrolled in the required course. At the same time, I began a review of the literature, examining the reports from existing

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[1] The author appreciates the efforts of graduate students Thomas Socha and Arnie Thode, who assisted in the development of the information for this paper. I also appreciate the efforts of Donovan Ochs and Julie Burke, faculty members of the University of Iowa, who made valuable suggestions about the Lab and this paper.

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programs in order to match our Program's need with what seemed to be the optimum methods to provide effective instruction for our undergraduates and training for instructors. This research justified the establishment of a pilot program in the Rhetoric Program.

Additionally, a review seemed timely, as it could include new research presented at the Communication Apprehension Conference at Louisville, Kentucky, on November 4, 1982. Under the direction of Arden Watson, the conference provided a forum for the introduction of new approaches and the assessment of programs dealing with communication apprehension and related constructs. The numerous papers presented and the discussion allowed both the examination of existing programs of "treatment" or "instruction" and the discussion of new approaches to the problem.

In this paper, I first review the diverse conceptions concerned with speaking difficulties and consider their significance. I then examine programs which attempt to meet the problem, including an overview of the three primary techniques of treatment. Finally, I discuss the experience of running our Lab and the advantages we have seen from establishment of the Lab at The University of Iowa. I hope our experience may be of benefit to others contemplating the needs of students unwilling or unable to communicate.

Defining the Problem

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This review incorporates the findings of all those involved with the difficulties faced by speakers who identify themselves as sufferers from communication apprehension, reticence, some types of social shyness, an unwillingness to communicate, stage fright or speech fright, or the reverse of the predisposition to verbal behavior. One of the difficulties in this area of research is the variety of constructs with unclear conceptual boundaries. Several reviewers have pointed out that the method of measuring determines the result and that there does not seem to be a clear correlation between students self-identifying a problem, those determined to be "suffering" by observers during the communicative act, and those identified by some form of physiological measurement (Clevenger, 1959; Kelly, 1982). There is only moderate agreement between measures allowing students to report their own problem. (Daly, 1978; Kelly, Phillips, and McKinney, 1982). This reliance on varied measurements seems certain to remain, at least for the near future. I agree to the cogent summary of the varied concepts and their relationships found in a section of McCroskey's (1982) "reconceptualization" of communication apprehension.

Broadest in coverage is the newest version of reticence, which includes "people who do not communicate competently" (McCroskey, 1982). Broader than its original conception (Phillips, 1968), this subsumes a great deal, including the unwillingness to communicate and the inability to communicate. While the literature generally cited by researchers does not deal exten-

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sively with those unable to communicate (perhaps assuming it is covered better by those involved with the more clinical literature of speech pathology), Burgoon (1976) developed a test for those "unwilling to communicate." A similar measure is Mortensen, Arntson and Lustig's (1977) "Predisposition to Verbal Behavior." Both of these measures focus on the individual's awareness of rewards and costs of speaking.

Our experience in the Lab supports the literature's findings that a wide diversity of causes might deter an individual from speaking: the lack of skills; the social introversion of those desiring to be by themselves; the alienation of those shut out by social barriers; a lack of fluency in English; or forms of communication apprehension, defined by McCroskey as "an individual's level of fear or anxiety associated with either real or anticipated communication with another person or persons" (McCroskey, 1980).

Undoubtedly the most researched concept among the deprivations listed above is communication apprehension (McCroskey, 1970). McCroskey (1982) reports there have been over 200 studies, two books, a newsletter, and numerous mentions in the popular press during the last decade. Biggers & Masterson (1982), seeking to clarify the basis of communication apprehension, suggest it consists of low pleasure, high arousal and low dominance in communicative situations. The most recent conceptualization clarifies that everyone experiences communication apprehension to a greater or lesser extent, and suggests there should be help for

those who show levels of communication apprehension which are "non-adaptive, non-responsive, or non-functional in the environment" (McCroskey, 1982, pp. 9-12).

D. Thomas Porter (1981) argued the PRCA's ability to measure interpersonal communication apprehension despite its focus on public speaking rested on an underlying construct of "evaluation threat," the realization that the communication was being evaluated by listeners. Despite the argument's implication about a basic cause for communication apprehension, no follow-up work has been published in communication journals.

A final conception which some consider similar to those already discussed is social shyness. Zimbardo, Pilkonis and Norwood (1975) outline the concept in a popular journal, and though there has been other work, Zimbardo (the leading writer and director of the Shyness program at Stanford) admits that "shyness is a fuzzy concept" (quoted in McCroskey, 1982, p.5). Based on self-identification, even within academic research the concept sometimes appears cognitive, sometimes behavioral, and sometimes affective.

Kelly (1982) argues that the study of the different conceptualizations "reveals considerable overlap and few true distinctions" among the concepts. the diagnosis of overlap, distinctions among Until research is done which elminates the distinctions or isolates the differences among populations whose communication is typified by "avoidance, anxiety, and often ineptitude," (Kelly, 1982, p. 112) consumers of the research must

recognize the distinctions before attempting to utilize the methods suggested by the research.

Although all of the constructs suggest everyone might have some difficulty with communication in some circumstances, assessments of the significance of the problem vary, depending on the particular measurement employed and the population sampled. The frequently cited Bruskin survey claims over forty percent consider themselves afraid of speaking. Research on shyness found about forty percent consider themselves shy. Other figures for the problem population range from the five percent who signed up for a treatment program at a University (Ambler, 1982); to fourteen percent of elementary level, twenty-four percent of junior high level, and twelve percent of high school level students seen as "reduced in effectiveness" (Phillips and Metzger, 1973); to the twenty percent of the college population said to have "high CA." [2]

The significance of the problem can not be judged by numbers alone. Correlates of anxiety have been extensively researched, especially by those using the PRCA. McCroskey (1977b) summarizes the research and concludes:

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[2] This figure represents a standard bell curve applied to personal reports. This does not mean the level is a mere artifact of measurement: communication apprehension levels correlate with behaviors which many would consider major problems, as shown below. But it does suggest that the exact number is not especially meaningful, since there is no threshold for the harms of communication apprehension. Significant variations from the college population's scores are found among women (Greenblatt, 1980), the handicapped (Clark, Weiman & Paschall, 1982), other cultures (Pucel & Stocker, 1982; McCann, 1982), and specialized occupations (Berger, Baldwin, McCroskey & Richmond, 1982).

1. People who experience a high level of CA will withdraw from and seek to avoid communication when possible.

2. As a result of their withdrawal from and avoidance of communication, people who experience a high level of CA will be perceived less positively than people who experience lower levels of CA by others in their environment.

3. As a result of their withdrawal and avoidance behaviors, and in conjunction with the negative perceptions fostered by those behaviors, people who experience a high level of CA will be negatively impacted in terms of their economic, academic, political, and social lives (McCroskey, 1977b, p.85).

The correlations have been observed in a variety of ways, suggesting that the links are much more than a statistical coincidence. [3]

Alleviating the Problem

Every article I examined assumes that there is a problem deserving treatment of some sort. What is being done? The consensus of the research suggests that not much is being done in the universities and colleges. Hoffman and Sprague (1982) report that only 58 of the 847 responding institutions (6.8%) had special programs of any sort. Foss (1982) found only 22 programs among 262 schools responding to her survey, though she points out the survey is not "scientific" due to a low response rate.

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[3] Additional support for and elaboration of these claims may be found in: Biggers & Masterson (1982); Freimuth (1976); Greenstreet & Hoover (1982); Hurt & Preiss (1978); Kelly (1982); McCroskey, Anderson, Richmond & Wheeless (1980); Millar & Yerby (1982); Page (1980); Richmond (1978); Stack & Stone (1982); and Wright & Cara (1982). In addition to these studies, there are a number of anecdotal reports scattered throughout the literature which serve to reinforce the conclusions [cf. Phillips (1968); Phillips (1981); Zimbardo, Pilkonis & Norwood (1975)].

Why do many schools fail to provide special programs? Responses to Hoffman and Sprague's (1982) survey suggested some were not aware of a need, and others lacked the faculty, the necessary budget, or the expertise to run a program. A few suggested they tried to deal with the problem in the classroom instead of in a specialized program. Some were philosophically opposed to any sort of special assistance. Vicker (1982) included the lack of staff time and a lack of budget flexibility, adds that the problem can easily be overlooked. Most students unable or unwilling to speak avoid optional communication courses. If a requirement exists, it will likely be taught by lower level faculty or teaching assistants who lack the influence to establish budget and staff priorities. And perhaps most importantly, the student suffering from the problem is not likely to know the problem exists beyond a personal experience and probably will not speak up about the problem. The combination of benign neglect and a lack of protest allows some administrators to conclude that this is not a significant problem.

Perhaps my institution is typical. At The University of Iowa, all incoming freshmen and transfer students with fewer than forty hours of transfer credit or equivalent classes are required to take one or more of the courses offered by the Rhetoric Program, combining instruction in speaking, writing and reading. Within each class, the program expects students to complete five to eight speeches.

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The Rhetoric Program seeks to assist students suffering from anxiety or other communication problems primarily within the courses. However, until this year there was no systematic instruction to raise awareness of reticence or suggest teaching strategies to the staff. In fact, many teaching assistants (who do the bulk of the instruction) had no exposure to the concept at all. With the requirement that the students must speak to complete the course, the University appeared to rely on the most popular "method" of "treating" reticence: have the student stand up and speak. McCroskey argues the negative consequences of this approach.

> For people with high CA such experiences are worthless at best, harmful in most instances, and deeply traumatic in many. . . .(On one PRCA measurement) although over half of the students who were identified as having high CA dropped the course before the end of the term, the remaining students with high CA showed a significant <u>increase</u> in CA. . . .(T)hose in most need of help were actually hurt (McCroskey, 1977b, pp. 90-91).

Apparently becoming aware of the students who identified themselves as highly anxious about speaking, some instructors tried to soften the requirement by allowing broad options in the type of performance, eliminating grading, or going to a pass-fail grading system for the speaking requirements. But there is no evidence from the program and little in the literature to demonstrate that any or all of these methods reduced fear, improved the student's self-concept, or helped increase communication skills generally (Romero, 1982).

Since the Rhetoric Program did not have the internal ability to help the students, some apparently were referred to the

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University Counseling Service for help with their difficulties. Some actually went, though our experience agreed with the literature: there are strong disincentives to attend treatment at a counseling center (Ambler, 1982; Neer, 1982). Brady and Ralston (1982) report that at the University of Arkansas-Fayetteville a program is available and generally known to the students, yet participation is minimal because of the stigma of going to a "Psychology Clinic." Furthermore, a Counseling Center's efforts to help students with public speaking anxiety may be limited and ineffective. At The University of Iowa, a short course on social shyness was offered, but it could only accomodate fifteen individuals for a total of nine hours of contact. In the fall of 1982, only two of the fifteen participants came to the last meeting and only one gave the expected short speech.

Presented with a demonstration of the need from general research and a confirming local survey, The University of Iowa's Rhetoric Program established a pilot program known as the Speaking Lab. Paralleling the existing Writing and Reading Labs, it seeks to teach those with needs which cannot be dealt with adequately in the existing courses. Although intended for those enrolled in the Rhetoric Program it is available to the entire student body.

Our program developed from the fine summary of the research on teaching and treatment methods provided by Glaser (1981). She outlines three basic forms: systematic desensitization,

cognitive modification, and skills training. Used independently or in combinations, these methods apparently exhaust the available means of effectively assisting individuals with a fear of communication.

Systematic Desensitization seeks to reduce the anxiety associated with communication by teaching the individual to relax and then triggering that relaxation response when the person is confronted with the thought of the situations which provoke anxiety. Generally using some sort of deep muscle relaxation technique, the student is exposed to a hierarchy of events which produce increasing amounts of anxiety, beginning with the least threatening. The relaxation is thought to act as an inhibitor for anxiety, and is consciously triggered until the student can imagine the event and remain relaxed. This approach is described thoroughly by McCroskey (1972). One modern adaptation is the development of a computer-assisted program of systematic desensitization (Pelias, 1982).

Cognitive modification treatment is based on the assumption that the underlying cause of communication difficulties is the individual's negative evaluation of performances and the expectations of further negative experiences, which then become self-fulfilling prophesies. Thus, even individuals with superior skills may have negative self-evaluations which inhibit their communication efforts. Those using cognitive modification alone assume individuals have adequate skills once their negative self-statements are limited and replaced with more positive cognitions.

The variety of specific techniques used in the effort to help an individual change cognitions concerning communication are summarized in Fremouw and Scott (1979). In most of the approaches, subjects are taught to monitor their thoughts, to identify the thoughts which interfere with comfortable or capable communication, to assess the impact these thoughts have on behaviors, and finally to alter or limit the comments. When assessed, those involved in such programs reported reduced speech anxiety.

Skills Training assumes anxiety or avoidance is a product of inadequate skills. Those using this method vary widely due to the differing behaviors they wish to teach and their instructional techniques, including "direct instruction and coaching of target behaviors, modeling, goal setting, covert rehearsal, behavior rehearsal, in vivo practice, and self-monitoring" (Glaser, 1981, p. 332). While there are large differences in the various programs assessed and some questions about the rigor of these assessments (Page, 1980: Lustig & Grove, 1975), some comparisons indicate that skills training is equal to or more effective than other methods in reducing the communication difficulties specifically targeted by the instruction (Curran & Gilbert, 1975; Fremouw & Zitter, 1978; Taugher, 1982; Weissberg & Lamb, 1977). Glaser concluded:

> Those programs which seek to reduce anxiety toward communication most effectively would emphasize [systematic desensitization] or [cognitive modification]. On the other hand, to reduce avoidance of communication situations and to produce actual behavioral change, [skills training] is the treatment of choice. . . .(O)nly [skills training] appears to

> produce concomitant change in actual communication behavior (Glaser, 1981, p. 337).

Of course, combinations of the three varieties of treatment are possible and may be inevitable. Presumably, if a student improves at communication, he or she will recognize the improvement and consequently alter cognitive statements and encourage relaxation in a given situation. Also, if a student concentrates on relaxing, perhaps there is less time for negative self-statements. *

The most influential model for our program is at the University of Kansas (Friedman, 1982). There, volunteer counselors try to isolate the student's difficulties with speaking and then plan with the student a focused program to enhance the student's abilities. Although clearly tailored to individual needs, the use of a structured interview technique strongly influences the sort of techniques selected and allows the use of programmatic instruction, rather than forcing the constant development of "new" curricula for each student. Within this approach, specialized techniques may be applied to those most likely to benefit. Generally, our Lab's efforts have centered on trying to help the students more accurately define their speaking situation, set goals, find methods which will allow them to reach their goals, and rehearse in order to be able to perform. With some students

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* Recent examples of combinations include Ambler, 1982; Bee & Moore, 1982; Berger, Baldwin, McCroskey & Richmond, 1982; Bozik, 1982; Friedman, 1982; Jenkins, 1982; Phillips, 1981; Stacks & Stone, 1982; Vicker, 1982; Watson, 1982. Others are frequently highlighted in the Communication Apprehension and Avoidance Newsletter (Watson, 1982b).

it has been necessary to utilize either cognitive modification or systematic desensitization in order to help them be able to perform, but the emphasis has been on skills training.

Since other resources are available at The University of Iowa, the Lab is not primarily a place for dealing with "trait-like" apprehension. While skills training has some effect on this problem and may decrease the PRCA scores, a more effective treatment seems to be cognitive modification, which helps individuals reassess their performances in a variety of settings (Glaser, 1981). We refer students to the Counseling Service, since its staff is better able to diagnose and counsel the individual with a wide-spread reluctance to communicate. Nor does the Lab become overly burdened by large numbers of students whose primary need is to develop fluency in English. While difficulties of oral delivery are noticed in the speeches of foreign students, those with primarily the underlying need for fluency are encouraged to utilize the resources of a T.E.S.L. class or opportunities for conversation available through the International Center on campus.

One significant advantage of the Lab concept is the preservation of the student's right to choose whether or not to seek help. The avoidance of any coercion by the program is an ethical restriction which has at least one important pragmatic benefit. As in any form of education, the student's own desire to learn will play a significant part in the possibility of development. Phillips suggests an "in-house" effort is particularly useful,

since such a process seems "less like an omnipotent physician treating a helpless patient and more like a consenting teacher-student relationship" (1977, p. 41).

A second advantage of implementing the Lab at my University is the familiarity of the instructors and students with this approach. Existing Writing and Reading Labs are well established and regarded in a positive way. The similarity of the Speaking Lab helps in the process of encouraging the instructors to refer students and the referred students to seek help from the new Lab.

Third, the Lab acts as a center for training. Rhetoric teachers may learn instructional ideas and techniques either by involvement in the work of the Lab or in individual consultations with the faculty involved with the program. As in the Graceland (Greenstreet & Hoover, 1982) and St. Cloud (Vicker, 1982) programs, interested students gain valuable experience while providing additional help for the students visiting the Lab for help. The Lab also prepares materials for use in the classroom.

Finally, the Lab provides a heightened ability to interact with other programs on campus. Many Rhetoric instructors do not have a clear idea of what allied services are available for those with difficulties in speaking. Some obvious yet overlooked alliances are with the campus psychological counseling service, various tutoring programs, and a speech and hearing center. Others which might be useful but have not yet been pursued by the Lab at Iowa include a Teaching English as a Second Language (T.E.S.L.) program in the Linguistics Department, the College of Education,

and other programs which require public speaking. Others on campus did not know where to go to find help for their communication problems.

Since our establishment, we have had referrals from the above and other programs on campus. It is a way to cooperate and avoid overlapping programs. Importantly, these connections can prevent the program from being perceived solely as a "remedial" program by potential users of the Lab, since the connections enable the Lab to suggest additional outlets for those desiring more difficult speaking experiences, including an extracurricular forensics program or other speaking situations and courses which rely on public speaking skills.

Public speaking is an activity which calls for a wide variety of skills: among them finding a topic, narrowing it, finding or creating support, organizing, and delivering the speech. If even one is conspicuously absent or diminished by anxiety, the overall effectiveness of the message may be severely diminished. Our Speaking Lab emphasizes those speaking skills each student already possesses and helps each student develop the missing skills so that the ability to communicate with others is enhanced. We hope that we are responding to the challenge outlined by Gerald Phillips (1982, p. 183):

> We speech teachers need to get our act together and take it on the road. We have methods to overcome a great many problems humans are experiencing. We need to sort them out . . . and offer them to the world.

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